

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000099601

1. Entity Name  
BRUCE GILLESPIE PAINTING, INC.



Principal Place of Business  
5369 MOSQUERO RD  
SPRING HILL, FL 34606

Mailing Address  
5369 MOSQUERO RD  
SPRING HILL, FL 34606

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**



03122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0203565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GILLESPIE, BRUCE M  
5369 MOSQUERO RD  
SPRING HILL, FL 34606

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GILLESPIE, BRUCE M
STREET ADDRESS	5369 MOSQUERO RD
CITY-ST-ZIP	SPRING HILL, FL 34606

TITLE	V
NAME	GILLESPIE, SHARON L
STREET ADDRESS	5369B MOSQUERO RD
CITY-ST-ZIP	SPRING HILL, FL 34606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/14/08-80013-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Bruce M Gillespie Bruce M. Gillespie 3/25/08 352 688 7512  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #